

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10071
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300 City: DENVER State: CO Zip: 80202
4. Contact Name: Megan Finnegan Phone: (303) 299-9949 Fax: (303) 291-0420

5. API Number 05-045-21098-00
6. County: GARFIELD
7. Well Name: Dixon Federal Well Number: 42A-22-692
8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/04/2012 End Date: 08/04/2012 Date of First Production this formation: 08/09/2012

Perforations Top: 7657 Bottom: 7762 No. Holes: 8 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: []

Treated with Williams Fork. See Williams Fork Treatment Summay.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 61 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 61 Bbl H2O: 0 GOR: 61000

Test Method: Flowing Casing PSI: 1414 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1126 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6882 Tbg setting date: 08/22/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/04/2012 End Date: 08/14/2012 Date of First Production this formation: 08/09/2012
Perforations Top: 6026 Bottom: 7762 No. Holes: 172 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 49830 Max pressure during treatment (psi): 7110

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.39

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): 114 Number of staged intervals: 7

Recycled water used in treatment (bbl): 49830 Flowback volume recovered (bbl): 37261

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1071766 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/28/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 1220 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 1220 Bbl H2O: _____ GOR: 11090

Test Method: flow Casing PSI: 1414 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1126 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6882 Tbg setting date: 08/22/2012 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/04/2012 End Date: 08/14/2012 Date of First Production this formation: 08/09/2012
Perforations Top: 6026 Bottom: 7626 No. Holes: 164 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

964,766 lbs 20/40 White Sand, 107,000 lbs CRC Sand, 51,010 bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/28/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 1159 Bbl H2O: 367

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 1159 Bbl H2O: 367 GOR: 10536

Test Method: Flowing Casing PSI: 1414 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1126 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6882 Tbg setting date: 08/22/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____
First perf/frac stage is in both WMFK and RLNS formations, frac treatment data cannot be separated by formation.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Megan Finnegan
Title: Permit Analyst Date: 10/11/2012 Email: mfinnegan@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400327220	FORM 5A SUBMITTED
400335400	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)